

Spell out
EMS, Background, Guidance and Pilot Application Form

For hard copies of this form please contact:

Leslie Bullock Goldsmith
Comprehensive Planning Review & Assistance, Land Quality Bureau
Iowa Department of Natural Resources
502 East 9th Street
Des Moines, Iowa 50319-0034
Email: leslie.goldsmith@dnr.iowa.gov
Phone: (515) 281-8499
Fax: (515) 281-8895

BACKGROUND INFORMATION/LINKS

To assist in completing the application
~~For additional information~~ please visit the SWAP Advisory Council/EMS website at
<http://www.iowadnr.gov/waste/sw/swapac.html>
or click on one of the specific links below:

EMS Legislation

Letter from the council

EMS Elements (approved 12-15-08)

Application Criteria (approved 12-15-08)

Eligible Scenarios to Participate Statement

Conflicts of Interest Definition

Continuous Improvement Definition

Procedural Guidelines

INTRODUCTION/GUIDANCE

Participation in the **EMS** Designation Program requires *Continuous Improvement* in each of the following areas: Yard Waste Management, Household Hazardous Waste Collection, Water Quality Improvement, Greenhouse Gas Reduction, Recycling Services and Environmental Education.

Continuous Improvement for environmental management systems means an ongoing process by system participants to enhance solid waste management systems by identifying through critical evaluation:

1. existing local conditions,
2. opportunities and corresponding goals for legitimate environmental improvement and protection, and
3. specific steps to achieve those goals.

The acts of implementing the identified steps and measuring their results, then re-evaluating local conditions and establishing new goals and implementation steps are inherent parts of the continuous improvement process.

System participants, rather than regulators or legislators, are responsible for identifying and renewing goals based on the results of their critical evaluation and performance to date. The critical improvement process should result in both goals and performance that exceed status quo expectations and minimum legal requirements.

This application is intended to provide a "snapshot" of current programs. In most cases, a one or two paragraph summary of the current program(s), proposed improvement(s) and anticipated outcome(s) will suffice. Using the *Approved Criteria*, the Council will select up to six Comprehensive Planning Areas and/or Designated Landfill Service Areas to participate as EMS pilot projects.

explain the "designated area" - see approved language

APPROVED CRITERIA	
Diversity of applicants in areas of:	Implied application content
Geographic distribution in state	Planning area or landfill service area and location within Iowa (<i>Although geographic diversity in the state is a criteria for the pilot project only, planning area or landfill service area is a required element of any application because it identifies who is participating.</i>)
Budget and staffing (internal economics)	Staffing levels (total to the participant and committed to work on the EMS efforts); Budget (annual revenues and expenses; possible sources of funding for EMS efforts); Need for financial assistance
Demographics	Population; numbers of towns, cities, counties involved/affected; population density; urban/rural splits; area economic mix (commercial/industrial)
Existing systems	Looking for the current mix of in-place programs and the levels to which they've been established; facilities in place; annual tons landfilled; waste quantities managed in other programs/facilities under direct control of the applicant. (<i>At minimum, we'd like to see a Transfer Station only planning area as well as a landfill service area and a whole multi-county planning area among the first round of applicants and/or designees.</i>)
Current goal progress	Most recent goal progress according to base-year adjustment method calculation by DNR (<i>This may be a pilot project-only criteria and dropped in future application rounds.</i>)
Approach to the continuous improvement process (diversity not the issue here, but rather demonstration of forethought)	Provide a narrative describing the processes the participant will follow to develop the steps of their EMS system/continuous improvement process. (<i>The narrative doesn't require applicants to identify all of their plans, goals, measurements, etc. Rather it requires them to demonstrate that they've thought about how they will develop those elements.</i>)

This application will

The Council reserves the right to request additional information.

Comprehensive Planning Areas and/or Designated Landfill Service Areas **SELECTED** will be required to submit a detailed narrative (at a later date) that will include the following elements:

1. Environmental Policy Statement
2. Identification of Environmental Impacts
3. Identification of Legal and Other Requirements
4. Organizational Objectives and Targets
5. Action Plan in Achieving Objectives and Targets
6. Identification of Key Resources
7. Identification of Communication/Training/Awareness Tools/Initiatives
8. Identification of Monitoring and Measuring Tools
9. Identification of Assessment Procedures

For a detailed definition of each element view EMS Elements

DEADLINE AND SUBMITAL INSTRUCTIONS

July 15, 2009
APPLICATION DEADLINE: ~~June 30, 2009~~ 4:30 P.M.

PLEASE SUBMIT COMPLETED APPLICATION FORMS TO:

Leslie Bullock Goldsmith

Comprehensive Planning Review & Assistance, Land Quality Bureau

Iowa Department of Natural Resources

502 East 9th Street

Des Moines, Iowa 50319-0034

Email: leslie.goldsmith@dnr.iowa.gov

Phone: (515) 281-8499

Fax: (515) 281-8895

(as .pdf or hard copy)
Work on language

APPLICATION

CONTACT INFORMATION

Comprehensive Planning Area:	
Address:	
Telephone:	
Fax:	
Email:	

The Comprehensive Planning Area may designate a permitted landfill service area as their EMS pilot. The EMS benefits (HF2570 incentives) apply only to the designee. (Goal progress will continue to be calculated on a region wide basis).

Designated Landfill Service Area Contact:	
Address:	
Telephone:	

Fax:	
Email:	

Contact person:	
Address:	
Telephone:	
Fax:	
Email:	

DEMOGRAPHIC INFORMATION

Comprehensive Planning Area description:	
Population served:	
Full time staff members employed:	
Part time staff members employed:	
Annual budget:	
Comprehensive waste reduction goal progress: <i>last approved</i>	%

being designated as a planning area?
 How do you ~~feel~~ *feel* EMS would benefit your area?
 Do you feel the Comprehensive Planning Area's current percentage accurately reflects the current services provided? ☐ Yes ☐ No

If "No", please explain below:

more to before signature (unit 1 pg.)

Designated Landfill Service Area description: <i>(if app.)</i>	
Population served:	
Full time staff members employed:	
Part time staff members employed:	
Annual budget:	

CURRENT PROGRAMS/PROPOSED PROCESS IMPROVEMENTS/ANTICIPATED OUTCOMES

To qualify for designation as an environmental management system pursuant to section 455J.7 a solid waste planning area shall actively pursue continuous improvement in all of the following areas. Comprehensive Planning Areas that do not currently employ existing program(s) in any one area and intend on pursuing a program(s) are eligible to apply.

YARD WASTE MANAGEMENT

1. Does the Comprehensive Planning Area and/or the Designated Landfill Service Area currently have a Yard Waste Management Program? ☐ Yes ☐ No
 - a. Briefly describe current Yard Waste Management program(s) in place.
 - b. Briefly describe proposed improvement(s) to the existing Yard Waste Management Program(s).
 - c. Briefly summarize anticipated outcome(s) of the proposed Yard Waste Management Program improvement(s).

HAZARDOUS WASTE DISPOSAL/COLLECTION

2. Does the Comprehensive Planning Area and/or the Designated Landfill Service Area currently have a program in place for the proper management and disposal of Household Hazardous Materials (HHM)? ☐ Yes ☐ No
 - a. Does the Comprehensive Planning Area and/or the Designated Landfill Service Area operate a Regional Collection Center (RCC) or participate as a satellite of an existing RCC?
☐ Yes ☐ No
 - b. Briefly describe current HHM collection/disposal program(s) in place.
 - c. Briefly describe proposed improvement(s) to the existing HHM collection/disposal program(s).
 - d. Briefly summarize the anticipated outcomes of the proposed HHM collection/disposal improvement(s).

WATER QUALITY IMPROVEMENT

3. Does the Comprehensive Planning Area and/or the Designated Landfill Service Area currently have a Water Quality Improvement Program(s)? ☐ Yes ☐ No
- a. Briefly describe current Water Quality Improvement Program(s) in place.
- b. Briefly describe proposed improvement(s) to the existing Water Quality Improvement Program(s).
- c. Briefly summarize the anticipated outcome(s) of the proposed improvement(s) to the Water Quality Improvement Program(s).

GREENHOUSE GAS REDUCTION

4. Does the Comprehensive Planning Area and/or the Designated Landfill Service Area currently have a Greenhouse Gas Reduction Program(s)? ☐ Yes ☐ No
- a. Briefly describe current program(s) in place.
- b. Briefly describe proposed improvement(s) to the existing Greenhouse Gas Reduction Program(s).
- c. Briefly summarize the anticipated outcome(s) of the proposed improvement(s).

RECYCLING

5. Does the Comprehensive Planning Area and/or the Designated Landfill Service Area currently have a Recycling Program(s)? ☐ Yes ☐ No
- a. Briefly describe current program(s) in place.
- b. Briefly describe proposed improvement(s) to the existing Recycling Program(s).
- c. Briefly summarize the anticipated outcome(s) of the proposed improvement(s).

ENVIRONMENTAL EDUCATION

6. Does the Comprehensive Planning Area and/or the Designated Landfill Service area currently have an Environmental Education Program(s)? ☐ Yes ☐ No

- a. Briefly describe current program(s) in place.
- b. Briefly describe proposed improvement(s) to the existing Environmental Education Program(s).
- c. Briefly summarize the anticipated outcome(s) of the proposed improvement(s).

Insert new question

SIGNATURE

Date:	
Comprehensive Planning Area Authorized Signature:	

Date:	
Designated Landfill Service Area Authorized Signature: <i>(if app.)</i>	